

# ORDER FORM for PROPOSAL COVER BOOKLETS and LETTER OF INTENT

**FAX to (301) 682-5521**

Please print or type clearly

The following individual plans to submit a proposal to the 1997 Department of Defense Prostate Cancer Research Program. Upon receipt of this fax, two copies of the PROPOSAL COVER BOOKLET (program application form) will be sent to the following address:

**PI Name:** \_\_\_\_\_

**PI Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Intended category for submission: (check ONLY one)**

☐ Idea Development

☐ New Investigator

**Research area for submission: (check ONLY one)**

☐ Carcinogenesis, Etiology, and Tumor Biology

☐ Special Populations and Behavioral Patterns

☐ Genetics and Molecular Biology

☐ Prevention and Detection

☐ Therapeutics and Decreased Morbidity

**Content area for submission: (check ONLY one)**

☐ Behavioral/Social Sciences

☐ Cancer/Tumor Biology

☐ Carcinogenesis

☐ Cell Biology

☐ Clinical/Experimental

Therapeutics

☐ Detection/Diagnosis

☐ Endocrinology

☐ Epidemiology/Biostatistics

☐ Health Care Delivery/

Access to Care

☐ Human Genetics

☐ Imaging

☐ Immunology

☐ Molecular Biology

☐ Molecular Genetics

☐ Nutrition

☐ Pathobiology

☐ Prevention

☐ Radiation

☐ Other (specify) \_\_\_\_\_

**Briefly describe your proposed research:**

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